

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation Working America		3. FEC Identification Number C C90011156
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 815 16th St., N.W.		
(c) City, State and ZIP Code Washington DC 20006		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M
0	5

 /

D	D
0	2

 /

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
0	5

 /

D	D
0	2

 /

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

1258.92

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Liz Towne

05/03/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
AR Democrat Gazette

Date

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 0Mailing Address
PO Box 2221

Amount

139.22

City
Little RockState
ARZip Code
72203Purpose of Expenditure
Job AdCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1744.16

Full Name (Last, First, Middle Initial) of Payee
Ryan Budman

Date

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 0

Mailing Address

5701 Cochiti Dr, NW

Amount

25.00

City
AlbuquerqueState
NMZip Code
87120Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

5136.24

Full Name (Last, First, Middle Initial) of Payee
Carly Danielsen

Date

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 0

Mailing Address

12223 W 2nd Pl. Apt. #11-304

Amount

25.00

City
LakewoodState
COZip Code
80228Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

145.00

(a) SUBTOTAL of Itemized Independent Expenditures

189.22

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

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ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 9**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
George Doak

Date

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 0Mailing Address
515 Shirk Lane SW

Amount

25.00

City
AlbuquerqueState
NMZip Code
87105Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

145.00

Full Name (Last, First, Middle Initial) of Payee
Gaelynn Dooley

Date

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 0Mailing Address
95 W. 1st Ave Apt 1

Amount

25.00

City
ColumbusState
OHZip Code
43215Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

8641.44

Full Name (Last, First, Middle Initial) of Payee
Extended Stay Hotel

Date

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 0Mailing Address
Hardin Rd

Amount

159.77

City
Little RockState
ARZip Code
72203Purpose of Expenditure
HousingCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

6858.26

(a) **SUBTOTAL** of Itemized Independent Expenditures

209.77

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Extended Stay Hotel

Date

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 0Mailing Address
Hardin Rd

Amount

234.12

City
Little RockState
ARZip Code
72203Purpose of Expenditure
HousingCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

7092.38

Full Name (Last, First, Middle Initial) of Payee
Joseph Fazzio

Date

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 0

Mailing Address

5011 South Swanson St.

Amount

25.00

City
Las VegasState
NVZip Code
89119Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

145.00

Full Name (Last, First, Middle Initial) of Payee
Steve Karbowiak

Date

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 0

Mailing Address

4195 West 22nd St

Amount

25.00

City
ClevelandState
OHZip Code
44109Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

6193.79

(a) SUBTOTAL of Itemized Independent Expenditures

284.12

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

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ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Rashay Layman

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	0

Mailing Address

453 Siebert St.

Amount

25.00

City

Columbus

State

OH

Zip Code

43206

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Calendar Year-To-Date Per Election
for Office Sought

145.00

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Mark Lewis

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	0

Mailing Address

2509 West 6th

Amount

123.20

City

Little Rock

State

AR

Zip Code

72206

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Calendar Year-To-Date Per Election
for Office Sought

1848.00

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Kevin Litten

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	0

Mailing Address

635 Probasco St

Amount

25.00

City

Cincinnati

State

OH

Zip Code

45220

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Calendar Year-To-Date Per Election
for Office Sought

120.00

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

173.20

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

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ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
John Morgan

Date

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 0Mailing Address
1805 Marshall Dr

Amount

123.20

City State Zip Code
Little Rock AR 72202Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 2956.80Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Craig Parsley

Date

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 0Mailing Address
411 6th St.

Amount

25.00

City State Zip Code
Newcastle DE 19720Purpose of Expenditure
Per diemCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 145.00Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Mary Richards

Date

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 0Mailing Address
1203 Emerson St. Apt 21

Amount

25.00

City State Zip Code
Denver CO 90218Purpose of Expenditure
Per diemCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 6193.79Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

173.20

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Heather Rozzo

Date

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 0Mailing Address
819 SW 14th Ct.

Amount

25.00

City State Zip Code
Ft. Lauderdale FL 33315Purpose of Expenditure
Per diemCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 801.08Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Scott Sneddon

Date

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 0Mailing Address
440 Rocky Springs Dr

Amount

25.00

City State Zip Code
Blacklick OH 43004Purpose of Expenditure
Per diemCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 7352.50Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Kyle Taylor

Date

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 0Mailing Address
10110 Douglas Oaks Dr, #3

Amount

25.00

City State Zip Code
Tampa FL 33336Purpose of Expenditure
Per diemCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 5348.78Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

75.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

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ITEMIZED INDEPENDENT EXPENDITURESPAGE **8 / 9**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

84.37

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

13778.95

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

113.70

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

13892.65

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

52.76

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

13945.41

(a) **SUBTOTAL** of Itemized Independent Expenditures

250.83

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

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ITEMIZED INDEPENDENT EXPENDITURESPAGE **9 / 9**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	0

Mailing Address
1 Airport Dr

Amount

53.58

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐

House

State: AR

Senate

☒

Senate

District: _____

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒

Primary

☐

General

☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

13998.99

(a) **SUBTOTAL** of Itemized Independent Expenditures

53.58

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

1408.92